PTO/SB/01 (03-01)
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Attorney Docket Numb	PAN01/006		
First Named Inventor	PERRY		
COMPLETE IF KNOWN			
Application Number			
Filing Date	09 July 2001		
Group Art Unit			
Examiner Name			
	First Named Inventor  COMPLET  Application Number  Filing Date  Group Art Unit		

\		required)	Examiner Name	e [	· · · · · · · · · · · · · · · · · · ·				
	As a below named inventor, I hereby declare that:								
	My residence, mailing address, ar	fy residence, mailing address, and citizenship are as stated below next to my name.							
		pelieve I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural							
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						ed;			
Olfactory Neuron Cultures and Methods of									
Making and Using the Same									
		(Title of t	he Invention)						
	the specification of which	(1.20 01 2	•						
	X is attached hereto					:			
	OR								
	was filed on (MM/DD/YYYY)		as United St	tates Application	Number or PCT In	ternational			
	Application Number	and was a	amended on (MM/DD/YY	YY)		(if applicable).			
		n in the state of	•	<u> </u>					
	I hereby state that I have reviewed amended by any amendment spec			ified specification	n, including the clai	ms, as			
	I acknowledge the duty to disclose	information which is ma	aterial to patentability as	defined in 37 CFI	R 1.56, including fo	or continuation-			
	in-part applications, material inform PCT international filing date of the	continuation-in-part app	olication.	,	, , ,				
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other								
	than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO			
6	0/216,648	us	07/07/2001			X			
6	0/217,087	us	07/10/2001			$\Box_{\!$			
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L	Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached here	eto:			

THOULIST IN THE

[Page 1 of 2]

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: XX Customer Numbe or Bar Code Labe	\$ 1 100310 11018 1910 11017 001		OR Cor	respondence address below	
29100 PATENT & TRADEMARK OFFICE					
Name	<del></del>				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas beei	n filed for this un	signed inventor	
Given Name George Family Name PERRY or Surname				7	
Inventor's Signature Date				Date	
Residence: City IIniversity Heights	State OH		Country IIS	Citizenship IIS	
Residence: City University Heights   State OH   Country US   Citizenship US    Mailing Address   2500 Eaton Road					
	State OH		ZIP 44118	Country US	
City University Heights					
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor					
Given Name Mark A. Family Name SMITH or Surname				I	
Inventor's Signature Date				Date	
Residence: City Cleveland	State OH	Co	ountry US	Citizenship US	
Mailing Address 2084 West 26th Street					
city Cleveland	State OH	71	P44113	Country US	
				0/SB/02A attached hereto.	

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Harry Harry

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_\_1

Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any]	)		Family Nam	e or S	urname	
Hossein A.			GHANBA	ARI		
Inventor's Signature				Date		
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Mailing Address						
City Potomac	State MD		ZIP 20854 (	ountr	y US	
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed	for this	s unsigned inventor	
Given Name (first and middle [if any	)		Family Name or Surname			
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Cou	ntry	
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])		Family Name or Surname				
	<u>,</u>					
Inventor's Signature					Date	
Residence: City State			Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	untry	

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